



SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

H a n d l e   W i t h   C a r e

ORIGINAL - Biographic Profile

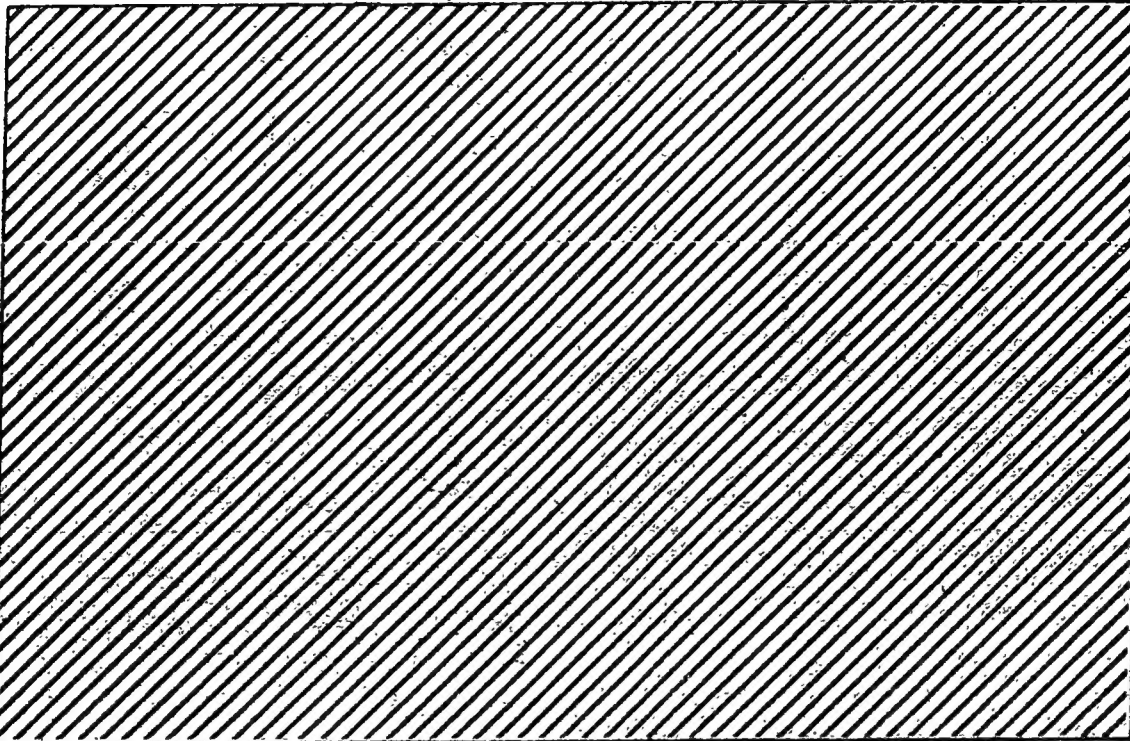

— see summarized copy in slot

Personnel Actions concerning  
Period After Mexico City  
Assignment

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>15 June 1964</b>		
1. SERIAL NUMBER <b>022592</b>		2. NAME (Last-First-Middle) <b>ZAMBERNARDI, Robert</b>						
3. NATURE OF PERSONNEL ACTION <b>TRANSFER TO VOUCHERED FUNDS &amp; REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>07</b> DAY <b>05</b> YEAR <b>64</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		
6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> <input checked="" type="checkbox"/> V TO V  <input checked="" type="checkbox"/> CF TO V </div> </div>		<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHANGE-ABLE <b>5225-0079</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION</b>				10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>				
11. POSITION TITLE <b>PHOTO GEN</b>				12. POSITION NUMBER <b>0113</b>		13. CAREER SERVICE DESIGNATION <b>D</b>		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>1060.02</b>		16. GRADE AND STEP <b>10 (3)</b>		17. SALARY OR RATE <b>\$8200</b>		
18. REMARKS <div style="display: flex; justify-content: space-between;"> <div> <p>FROM: <b>DDP/TSD FOREIGN FIELD MEXICO CITY</b></p> <p>Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>Big 7/1/64</i></p> <p>CC: Security &amp; Vouchered Payroll</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Recorded by CDD <i>DM</i></p> </div> </div>								
18A. SIGNATURE OF REQUESTING OFFICIAL <b>H. LEE OLSON</b>			DATE SIGNED		18B. SIGNATURE OF OFFICER APPROVING <i>H. Lee Olson</i> <b>H. LEE OLSON, TSD/CMO</b>		DATE SIGNED <b>6/24/64</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. AFFIDAVIT CODE <b>16</b>		20. EMPLOY CODE <b>10</b>		21. OFFICE CODE NUMERIC <b>41300</b> ALPHABETIC <b>72</b>		22. STATION CODE <b>75013</b>		
23. DATE OF BIRTH MO <b>05</b> DA <b>10</b> YR <b>35</b>		24. DATE OF GRADE MO <b>05</b> DA <b>10</b> YR <b>35</b>		25. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		26. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
27. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		28. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		29. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		30. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
31. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		32. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		33. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		34. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
35. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		36. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		37. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		38. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
39. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		40. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		41. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		42. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
43. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		44. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		45. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		46. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
47. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		48. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		49. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		50. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
51. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		52. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		53. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		54. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
55. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		56. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		57. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		58. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
59. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		60. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		61. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		62. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
63. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		64. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		65. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		66. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
67. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		68. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		69. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		70. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
71. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		72. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		73. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		74. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
75. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		76. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		77. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		78. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
79. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		80. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		81. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		82. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
83. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		84. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		85. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		86. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
87. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		88. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		89. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		90. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
91. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		92. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		93. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		94. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
95. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		96. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		97. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		98. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
99. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		100. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		101. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		102. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
103. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		104. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		105. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		106. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
107. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		108. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		109. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		110. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
111. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		112. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		113. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		114. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
115. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		116. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		117. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		118. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
119. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		120. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		121. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		122. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
123. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		124. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		125. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		126. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
127. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		128. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		129. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		130. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
131. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		132. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		133. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		134. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
135. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		136. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		137. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		138. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
139. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		140. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		141. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		142. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
143. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		144. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		145. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		146. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
147. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		148. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		149. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		150. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
151. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		152. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		153. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		154. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
155. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		156. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		157. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		158. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
159. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		160. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		161. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		162. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
163. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		164. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		165. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		166. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
167. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		168. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		169. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		170. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
171. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		172. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		173. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		174. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
175. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		176. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		177. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		178. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
179. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		180. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		181. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		182. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
183. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		184. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		185. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		186. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
187. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		188. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		189. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		190. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
191. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		192. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		193. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		194. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
195. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		196. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		197. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		198. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
199. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		200. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		201. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		202. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
203. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		204. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		205. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		206. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
207. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		208. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		209. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		210. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
211. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		212. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		213. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		214. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
215. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		216. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		217. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		218. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
219. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		220. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		221. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		222. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
223. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		224. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		225. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		226. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
227. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		228. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		229. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		230. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
231. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		232. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		233. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		234. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
235. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		236. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		237. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		238. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
239. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		240. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		241. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		242. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
243. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		244. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		245. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		246. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
247. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		248. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		249. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		250. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
251. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		252. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		253. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		254. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		
255. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		256. DATE OF LEI MO <b>05</b> DA <b>10</b> YR <b>35</b>		257. DATE OF LEI MO <b>05</b> DA				

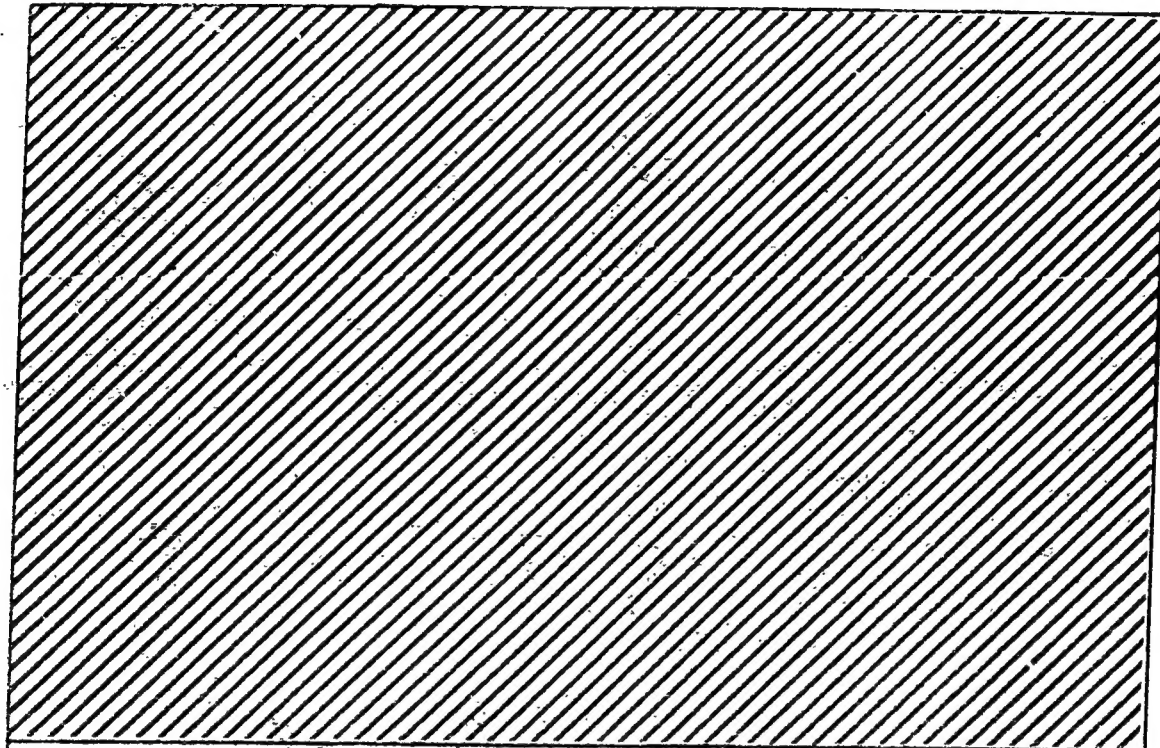
SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambarnardi, Robert M.	Philip Edward - son	64-184
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>Log burn - 28 December 1963</u></p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 10 FEB 1964	SIGNATURE OF BSC REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT									
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FINDS V TO V CP TO V		X		V TO CP CP TO CP		7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico						10. LOCATION OF OFFICIAL STATION Mexico City, Mexico					
11. POSITION TITLE IC TECHAIDS						12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LP, #10.) GS			15. OCCUPATIONAL SERIES 0136. AT 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535				
18. REMARKS FRO M: GS-9 (2) P: 7A											
Recorded by CSPD <i>Jm</i>											
19. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL JAMES R. SHIELDS, TSD/CMC					
DATE SIGNED											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 22		22. EMP. CT. CODE 10		23. OFFICE CODE 46575 TS		24. STATION CODE 45015		25. INTER-AREA CODE 3			
26. DATE OF BIRTH MO DA YR 05 14 35		27. DATE OF GRANT MO DA YR		28. DATE OF LET MO DA YR		29. DATE OF RES. NO.		30. DATE OF RES. NO.			
31. VET. PREFERENCE 1 - NONE 2 - 10 YR		32. SERV. COMP. DATE MO DA YR		33. LEAV. CAT. CODE		34. FED. TAX DATA 1 - YES 2 - NO		35. STATE TAX DATA 1 - YES 2 - NO			
36. PREVIOUS GOVERNMENT SERVICE DATA 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE LESS THAN 12 MONTHS 4 - BREAK IN SERVICE MORE THAN 12 MONTHS		37. LEAV. CAT. CODE		38. FORM EMPLOYED 1 - YES 2 - NO		39. MIL. TAX EXEMPTIONS 1 - YES 2 - NO		40. SOCIAL SECURITY NO.			
41. POSITION CONTROL CERTIFICATION 5 APR 1963 <i>Shu</i>				42. O.P. APPROVAL <i>Paul C. Williams</i>				43. DATE APPROVED 5 Apr 63			

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Zambarnardi, Robert M

NAME AND RELATIONSHIP OF DEPENDENT\*

Paula - SON

CLAIM NUMBER

63-460

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 22 February 65 Intestinal disease.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

8 June 1965

SIGNATURE OF BSO REPRESENTATIVE

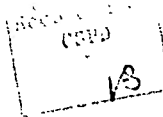
B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

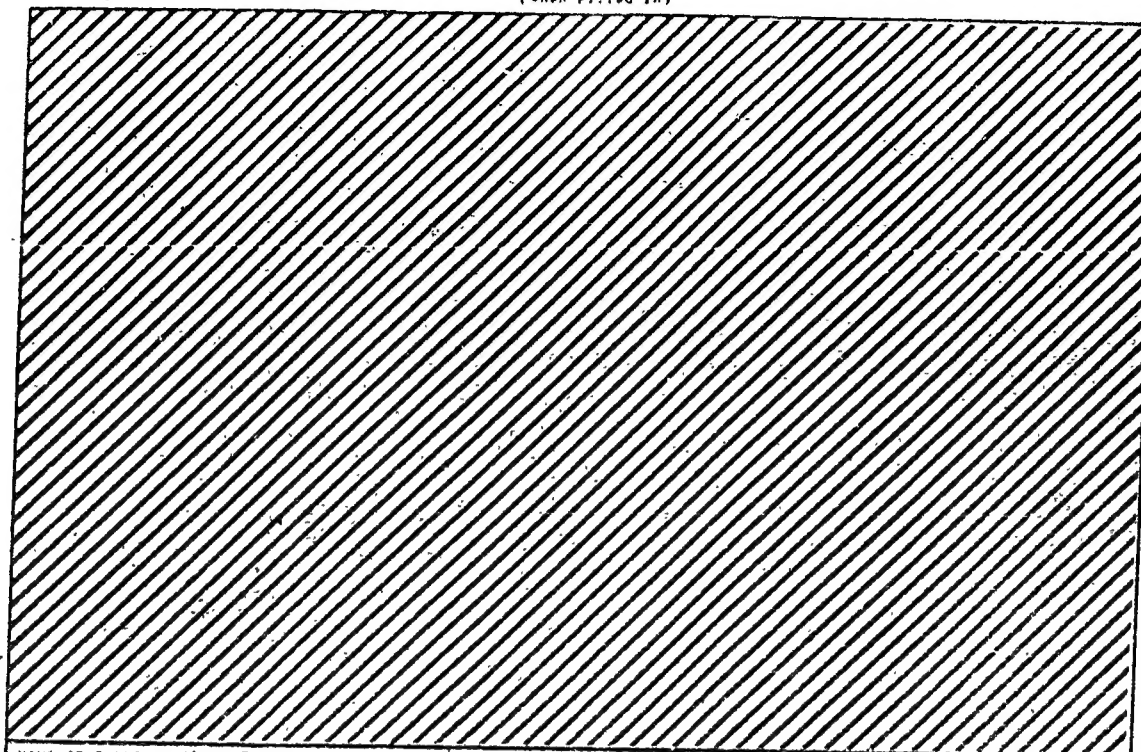


SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 022592 ✓										2. NAME (Last-First-Middle) ZAMBERNARDI, Robert	
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01   21   62			5. CATEGORY OF EMPLOYMENT REGULAR <del>XXXXXXX</del>			
6. FUNDS		V TO V CF TO V		V TO CF X= CF TO CF		7. COST CENTER NO. CHARGE-ABLE 2125-5700-3007			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico					10. LOCATION OF OFFICIAL STATION Mexico City, Mexico						
11. POSITION TITLE IO TECH AIDS					12. POSITION NUMBER 0575			13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS			15. OCCUPATIONAL SERIES 0136.63		16. GRADE AND STEP # 9 (1)			17. SALARY OR RATE \$ 6435 ✓			
18. REMARKS FROM: GS-8 (1)											
<div style="text-align: right;">  </div>											
104. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		105. SIGNATURE OF CAREER SERVICE APPROVING OFFICER James R. Shields TSD/CMO				DATE SIGNED	
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45025		23. INTER-STATE CODE 3		24. DATE OF BIRTH MM DD YY 05/09/35	
25. DATE OF DEATH MM DD YY		26. DATE OF DEATH MM DD YY		27. DATE OF DEATH MM DD YY		28. DATE OF DEATH MM DD YY		29. DATE OF DEATH MM DD YY		30. DATE OF DEATH MM DD YY	
29. NIE EXPIRES MM DD YY		30. SPECIAL REFERENCE		31. RETIREMENT DATA 1 - CSC 2 - FICA 3 - RUC		32. SEPARATION DATA CODE		33. CORRECTIVE ACTION DATA 1 - YES 2 - NO		34. SOCIAL SECURITY NO.	
35. VET. PREFERENCE CODE 1 - NONE 2 - 5 PER 3 - 10 PER		36. SERV. COMP. DATE MM DD YY		37. LONG. COMP. DATE MM DD YY		38. MIL. SERV. CODE 1 - YES 2 - NO		39. FEEDS / HEALTH INSURANCE CODE 1 - YES 2 - NO		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. SERV. CAT. CODE		43. FEDERAL TAX DATA CODE 1 - YES 2 - NO		44. STATE TAX DATA CODE 1 - YES 2 - NO		45. SOCIAL SECURITY NO.	
46. POSITION CONTROL CERTIFICATION NA 1-29 62						47. G.P. APPROVAL James R. Shields			48. DATE APPROVED 1/27/62		

**SECRET**  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	51-286

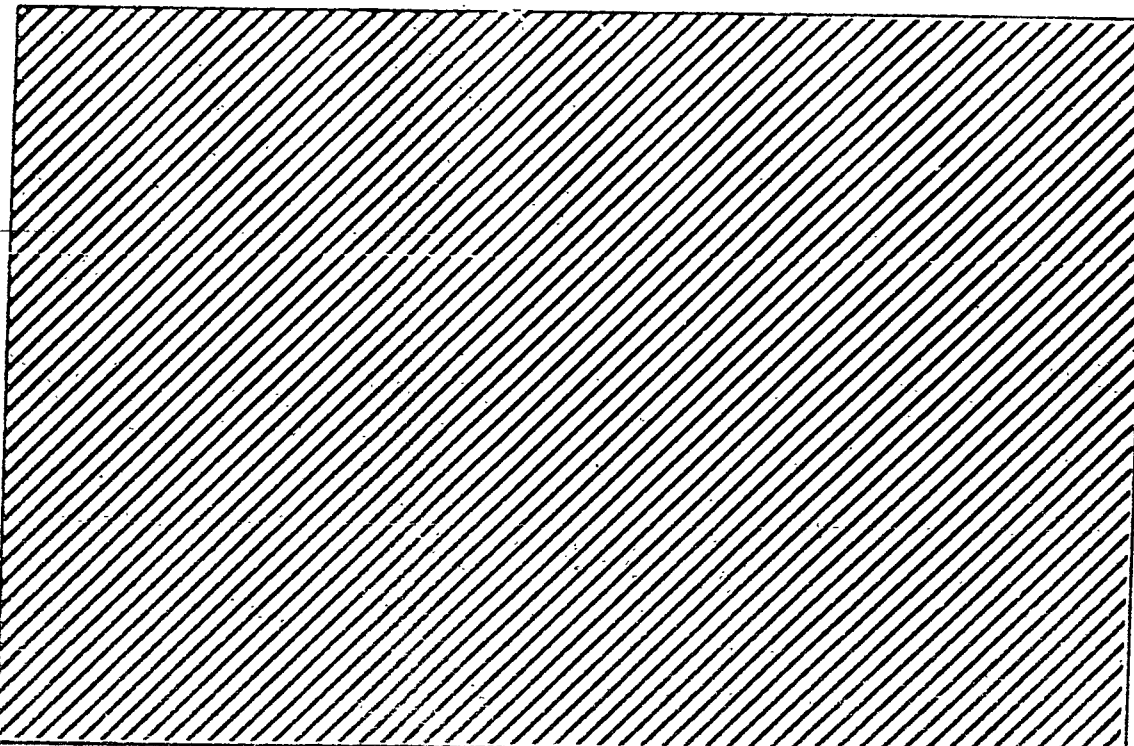
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
	<i>[Signature]</i>

**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**

SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DOCKRYKATZ Dependent	CASE OR CLAIM NUMBER
Ezrbernardi, Robert M.	Wife Martha	56-226
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>16 February 1960</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE	
8 April 1960	B. De Felice	
NOTICE C OFFICIAL DISABILITY CLAIM FILE		

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED																			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)																					
522592		ZAMBERNARDI, Robert																					
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT																		
PROMOTION			MONTH DAY YEAR 12 25 60		REGULAR																		
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)																			
<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> V TO V           <input type="checkbox"/> V TO CF         </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> CF TO V           <input checked="" type="checkbox"/> CF TO CF         </div>		1125-5700-3007																					
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION																				
DDP/TSD Western Hemisphere MEXICO			Mexico, City, Mexico																				
11. POSITION TITLE		12. POSITION NUMBER	12a. PER CONTROL NO.	13. CAREER SERVICE DESIGNATION																			
IO TECH AIDS		575		D3																			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE																		
GS-9		0136.63	08 01		\$ 5885																		
18. REMARKS																							
<div style="position: relative;"> <div style="position: absolute; top: 10px; right: 10px; border: 1px solid black; padding: 5px; transform: rotate(-15deg);">           RECEIVED CONF <i>[Signature]</i> </div> </div>																							
18a. SIGNATURE OF REQUESTING OFFICIAL			18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER																				
JAMES R. SHIELDS			<i>[Signature]</i> JAMES R. SHIELDS TSD/CMO																				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																							
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361. ACTION CODE	362. EMPLOY CODE	363. STATUS CODE	364. SPECIAL AGO. CODE	365. SPECIAL AGO. CODE	366. SPECIAL AGO. CODE	367. SPECIAL AGO. CODE	368. SPECIAL AGO. CODE	369. SPECIAL AGO. CODE															
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370. ACTION CODE																							

Personnel Actions Committee  
Room 7F Reservoir Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4954
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

☒ Block Records: (OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_

b. Continuing, effective EOD Jul 56

☐ NA Submit Form 642 to change limitation category.  
(HMB 20-7)

☐ NA Ascertain that Army W-2 being issued.  
(HB 20-561-1)

☐ NA Submit Form 1322 for any change affecting this cover.  
(R 240-310)

☐ NA Submit Form 1323 for transferring cover responsibility.  
(R 240-330)

☒ Remarks:

☒ Cover Hist

Forwarding Address:  
c/o American Embassy  
Mexico City, Mexico  
Employment Address:  
Unknown

NA/01 CHIEF MILITARY COVER PCG

DESTRUCTION: Copy 1-PDG, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-INTL, Copy 5-PDG/OS, Copy 6 File

FORM 1551 6-64 1551

SECRET

(15-10-43)

SECRET  
(When Filled In)

NJM: 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION											
OEF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						08 20 65		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		6125 0079 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
PHOTOG GEN						0113		D			
14. CLASSIFICATION SCHEDULE (GS, LB, WC)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				1060.02		11 3		9240			
18. REMARKS											
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATES CODE		24. HOURS CODE	
45		10		NUMERIC ALPHABETIC						25. DATE OF BIRTH	
										05 09 35	
26. H'S CAPS		27. SPECIAL REFERENCE		28. RETIREMENT DATA		29. SEPARATION DATA CODE		30. CANCELLATION DATA		31. SECURITY R/S NO	
NO DA TO				1. CXC 2. FICA 3. NONE		32. SOCIAL SECURITY NO		33. SEX			
						34. SOCIAL SECURITY NO					
35. RET PREFERENCE		36. SERV LUMP DATE		37. LONG LUMP DATE		38. CENTER CATEGORY		39. PEGEL / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		NO DA TO		NO DA TO		CODE		CODE		CODE	
1. NONE 2. 10 YR 3. 15 YR											
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
LONG				CODE		FEDERAL TAX DATA		STATE TAX DATA			
1. NO PREVIOUS SERVICE 2. 30 YEARS SERVICE 3. ENTER IN SERVICE (LESS THAN 1 YR) 4. 30 YEARS IN SERVICE (MORE THAN 1 YR)						FEDERAL TAX DATA		STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
all 8/26/65											

FORM 1150  
11-65

Use Previous  
Edition

SECRET

GROUP 1  
(Excluded from automatic  
downgrading and  
declassification)

When Filled In

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours
022592	ZAMBERNARDI ROBERT		41 575 CF		
5. OLD SALARY RATE			6. NEW SALARY RATE		7. TYPE ACTION
Grade	Step	Salary	Effective Date	Grade	Step
GS 10	2	\$ 7,945	04/14/63	GS 10	3
8. Remarks and Authentication					
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY					
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.					
SIGNATURE: <i>E. E. Hill</i>			DATE: <i>6 March 1964</i>		
PAY CHANGE NOTIFICATION					

Form 500

Obsolete Previous Edition

(4-51)



**SECRET**  
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022502		ZAMBERNARD ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION (CORRECTION)						04/14/63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3125 5700 3007		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.63		10 2		7535			
18. REMARKS											
THIS CORRECTS FORM 150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "136.01" TO READ "0136.63."											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERFERE CODE		24. HOURS CODE	
				ALPHABETIC		ALPHABETIC				25. DATE OF BIRTH	
										04/14/63	
26. HIR EXPENSE		27. SPECIAL REFERENCE		28. RETIREMENT DATA		29. SEPARATION DATA CODE		30. CORRECTION/CANCELLATION DATA		31. SECURITY REQ NO	
NO DA FR				1-YES 2-NO				TYPE NO DA FR		32. SOCIAL SECURITY NO	
1								LOD DATA			
33. VET PREFERENCE		34. SERV COMP DATE		35. LONG COMP DATE		36. EARLIER CATEGORY		37. FEES / HEALTH INSURANCE		38. SOCIAL SECURITY NO	
CODE		U NONE 1-YES 2-NO		NO DA FR		NO DA FR		CODE		39. SOCIAL SECURITY NO	
								D - BAL-ED 1-YES 2-NO			
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT CODE		42. FEDERAL TAX DATA		43. STATE TAX DATA			
CODE				1-YES 2-NO		CODE		CODE			
1-YES 2-NO						1-YES 2-NO		1-YES 2-NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;"> <b>POSTED</b>  15 APR 1963 <i>Hub</i> </div>											

FORM 1150-100 15 APR 1963  
1150-100 15 APR 1963  
1150-100 15 APR 1963

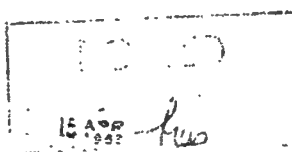
**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

14-00000  
(When Filled In)

**SECRET**  
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO. DA. YR. 04 14 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		10 2		7535			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERPRET CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST		
22	10	116-75	75	116-075	3		05 14 63	04 14 63	04 14 63		
28. NTE EXPIRY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY	
NO DA. YR.		NO		1. CSC 2. PICA 3. 4070		TYPE		NO DA. YR.		254 NO	
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LONG. COMP. DATE		37. CAREER CATEGORY		38. FEGLI/HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
COFF		NO DA. YR.		NO DA. YR.		CODE		CODE		NO DA. YR.	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. 43				42. FEDERAL TAX DATA			
CODE				CODE				CODE			
1. NO PREVIOUS SERVICE				1. YES				1. YES			
2. NO BREAK IN SERVICE				2. NO				2. NO			
3. BREAK IN SERVICE (YES, from 1-1953)				3. NO				3. NO			
4. AREA IN SERVICE (YES, from 1-1953)				4. NO				4. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: center;">  </div>											

FORM 1150

11 APR 1963

Use Previous Edition

SECRET

FOR THE JOINT CHIEFS OF STAFF  
15 APR 1963  
15 APR 1963

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575	CF GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						01   21   62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			09 1			6435		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	45575 TS		45075	3		05   09   35		01   21   62		01   21   62
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION-CANCELLATION DATA		33. SECURITY REQ NO	
								EOD DATA			
35. VET PREFERENCE		36. LEAF CLMP DATE		37. LONG CLMP DATE		38. MIL SERV CREDIT/ED		39. FECLT / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  1/25/62 <i>Qm</i> </div>											

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-733 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD GR-ST SALARY OLD GR-ST SALARY NEW GR-ST SALARY  
 ZAMBERNARDI ROBERT 022592 46575 CF 09 1 3 6435 09 1 3 6675

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
022592		ZAMBERNARDI ROBERT		46 575 CF 10			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 09	13	\$ 6,675	01/21/62	GS 09	23	\$ 6,900	01/20/63
7. TYPE ACTION							
PSI LSI ADI							
8. Remarks and Authentication / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY  I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.  SIGNATURE: <i>[Signature]</i> DATE: <i>[Date]</i> PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

(4-51)

SECRET  
 (When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
022592		ZAMBERNARDI ROBERT		DJP/TSD 10 UV			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 08	1	\$ 5,895	12/25/61	GS 08	2	\$ 6,055	12/24/61
7. TYPE ACTION							
PSI LSI ADI							
8. Remarks and Authentication / / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

SECRET

(4-51)

BLT: 23 DEC 1960

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						MO DA YR 12 25 60			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CLK OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		1125 5700 3007			50 USC 403 d		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
10 TECH AIDS						0575			D		
14. CLASSIFICATION SCHEDULE (GS, WD, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE		
GS				0136.63		08 1			5885		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	46575 TS		45075		3	MO DA YR 05 09 35		MO DA YR 12 25 60		MO DA YR 12 25 60
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY RLO NO.	
NO DA YR				1. CBL 2. FICA 3. NONE		TYPE		MO DA YR		EOD DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LCO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		1. YES 2. NO		CODE CODE		U. MAINTENANCE CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE				CODE		FORM EXECUTED CODE			NO TAX EXEMPTIONS		
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)						1. YES 2. NO			FORM REQUESTED 1. YES 2. NO		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;"> <p>POSTED</p> <p>7/20/62-61</p> </div>											

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vol. Prof.		5. Sex		6. CS - FOD	
522592		ZAMBERNARDI ROBERT		Mo. Da. Yr. 05 05 35		None-0 5 Pt-1 10 Pt-2 1		M 1		Mo. Da. Yr. 07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidiv		11. FEGLI		12. TCD	
Mo. Da. Yr. 08 02 54		Yes-1 No-2 1		Code 50 USCA 403 J		Mo. Da. Yr. 07 30 56		Yes-1 No-2 1		Code 107 30 56	

#### PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR		4448		WASH.D.C.		75013	
16. Dept. - Field		17. Position Title		18. Position Flg.		19. Serv. 20. Occup. Series	
Dept. - 1 USfld - 3 Frqn - 5 Code 2		PHOTOG GEN		0513		GS 1060.02	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade	
07 1		\$ 4980		DT		Mo. Da. Yr. 12 28 58	
						25. Pst Duo Mo. Da. Yr. 12 27 59	
						26. Appropriation Number 9 2500 25 007	

#### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

#### PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO		4455		MEXICO		45000	
33. Dept. - Field		34. Position Title		35. Position Flg.		36. Serv. 37. Occup. Series	
Dept. - 1 USfld - 3 Frqn - 5 Code 5		10 TECH AIDS		0575		GS 0136.63	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade	
07 1		\$ 4980		DT		Mo. Da. Yr. 12 28 58	
						42. Pst Duo Mo. Da. Yr. 12 27 59	
						43. Appropriation Number 9 2500 25 007	

#### 44. Remarks

\*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

**POSTED**  
24 APR 1959  
W

NOV  
1961SECRET  
(When Filled In)

## FITNESS REPORT

EMPLOYEE SERIAL NUMBER  
22592

## SECTION A

## GENERAL

1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI, Robert M.</b>	2. DATE OF BIRTH <b>9 May 1935</b>	3. SER <b>M</b>	4. GRADE <b>CS-8</b>
5. SERVICE DESIGNATION <b>KURIOT</b>	6. OFFICIAL POSITION TITLE <b>IO TECH AIDS</b>	7. OFF/DIV/BR OF ASSIGNMENT <b>WH/III/MEXI</b>	
8. CAREER STAFF STATUS <input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> REFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		9. TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. <b>31 AUGUST 1961</b>	11. REPORTING PERIOD From <b>7/1/60 - 6/30/61</b> To SPECIAL (Specify)		

## SECTION B

## EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
		RATING NO. <b>6</b>				RATING NO. <b>5</b>
		RATING NO. <b>5</b>				RATING NO. <b>5</b>
		RATING NO. <b>6</b>	SPECIFIC DUTY NO. 5			RATING NO.

## SECTION C

## EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.  
**5**

## SECTION D

## DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree							
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
						1	2	3	4	5	
GETS THINGS DONE										X	
RESOURCEFUL									X		
ACCEPTS RESPONSIBILITIES									X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X		
DOES HIS JOB WITHOUT STRONG SUPPORT									X		
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X		
WRITES EFFECTIVELY								X			
SECURITY CONSCIOUS										X	
THINKS CLEARLY									X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									X		
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

**SECRET**  
(When Filled In)

**OFFICE OF PERSONNEL**

**SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

██████████ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

**SECTION F****CERTIFICATION AND COMMENTS****1.****BY EMPLOYEE**

*I certify that I have seen Sections A, B, C, D and E of this Report.*

**DATE**

13 September 1961

**SIGNATURE OF EMPLOYEE**

/s/ Robert M. Zambernardi

**2.****BY SUPERVISOR****MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION**

12 months

**IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION****IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.****EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS****REPORT MADE WITHIN LAST 90 DAYS****OTHER (Specify):****DATE**

13 September 1961

**OFFICIAL TITLE OF SUPERVISOR**

Deputy Chief of Station

**TYPED OR PRINTED NAME AND SIGNATURE**

/s/ in pseudo

**3.****BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

**COMMENTS OF REVIEWING OFFICIAL****DATE**

13 September 1961

**OFFICIAL TITLE OF REVIEWING OFFICIAL**

Chief of Station

**TYPED OR PRINTED NAME AND SIGNATURE**

/s/ in pseudo

**SECRET**



00000

Fitness Reports for period After, and  
Personnel Actions for period prior to —  
Assignment Mexico City

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>22592</b>							
<b>SECTION A GENERAL</b>											
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert</b>			2. DATE OF BIRTH <b>9 May 1935</b>		3. SEX <b>M</b>						
4. GRADE <b>GS-7</b>		5. OFF/DIV/BR OF ASSIGNMENT <b>KURIOT/Mexico</b>									
6. SERVICE DESIGNATION <b>KURIOT</b>		7. OFFICIAL POSITION TITLE <b>IO TECH AIDS</b>									
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To SPECIAL (Specify)									
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).											
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding											
		RATING NO. <b>5</b>		RATING NO. <b>4</b>							
		RATING NO. <b>6</b>		RATING NO. <b>4</b>							
		RATING NO. <b>5</b>		RATING NO. <b>6</b>							
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>4</b>						
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS					NOT APPL- CABLE	NOT OB- SERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE										X	
RESOURCEFUL									X		
ACCEPTS RESPONSIBILITIES										X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X	
DOES HIS JOB WITHOUT STRONG SUPPORT										X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X	
WRITES EFFECTIVELY								X			
SECURITY CONSCIOUS										X	
THINKS CLEARLY								X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										X	
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

19601/224

SECRET

(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

Dec 20 11 04 AM '60  
MAIL ROOM

**SECTION F CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

27 Oct 1960

SIGNATURE OF EMPLOYEE

Subject signed form 45a in pseudo.

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

27 Oct 1960

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Winston Scott

**3. BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS: I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

**SECRET**  
(When Filled In)

13 AUG 1959

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>122592</b>							
<b>SECTION A GENERAL</b>											
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert M.</b>		2. DATE OF BIRTH <b>9 May 1935</b>		3. SEX <b>M</b>	4. GRADE <b>GS-7</b>						
5. SERVICE DESIGNATION <b>DT</b>		6. OFFICIAL POSITION TITLE <b>PHOTOG GEN</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/TSS/TA/PSD</b>							
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR								
<input checked="" type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P. <b>30 June 1959</b>		11. REPORTING PERIOD <b>Dec 1958 to Jun 1959</b>									
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding											
		ATING NO. <b>3</b>			ATING NO. <b>4</b>						
		ATING NO. <b>4</b>			ATING NO. <b>5</b>						
		ATING NO. <b>4</b>			ATING NO. <b>3</b>						
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>4</b>						
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE									XX		
RESOURCEFUL									XX		
ACCEPTS RESPONSIBILITIES										XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									XX		
DOES HIS JOB WITHOUT STRONG SUPPORT									XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE									XX		
WRITES EFFECTIVELY					XX						
SECURITY CONSCIOUS										XX	
THINKS CLEARLY									XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					XX						
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

## SECRET

(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

## SECTION F CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISOR

25 JUNE 1959

C/TSS/PSD/OSL

## 3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THEIR EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL

25 JUNE 1959

I. O. TECH. AIDS

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SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER													
				122592													
SECTION A				GENERAL													
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE												
ZAMBERNARDI Robert		5 Sept 1935		M	GS-5												
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT													
DT		PHOTOG GEN		DDP/TSS/TA/PD													
8. CAREER STAFF STATUS			9. TYPE OF REPORT														
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR														
<input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE														
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)													
December 1958		Dec 1957 to Dec 1958		Also Promotion													
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES																	
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).																	
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding																	
<table border="1"><thead><tr><th>RATING NO.</th><th>SPECIFIC DUTY NO. 6</th><th>RATING NO.</th></tr></thead><tbody><tr><td>3</td><td></td><td>4</td></tr><tr><td>4</td><td></td><td>4</td></tr><tr><td>3</td><td></td><td></td></tr></tbody></table>						RATING NO.	SPECIFIC DUTY NO. 6	RATING NO.	3		4	4		4	3		
RATING NO.	SPECIFIC DUTY NO. 6	RATING NO.															
3		4															
4		4															
3																	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION																	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.																	
<table border="1"><tbody><tr><td>1 - Performance in many important respects fails to meet requirements.</td><td rowspan="5">RATING NO. 4</td></tr><tr><td>2 - Performance meets most requirements but is deficient in one or more important respects.</td></tr><tr><td>3 - Performance clearly meets basic requirements.</td></tr><tr><td>4 - Performance clearly exceeds basic requirements.</td></tr><tr><td>5 - Performance in every important respect is superior.</td></tr><tr><td>6 - Performance in every respect is outstanding.</td><td></td></tr></tbody></table>						1 - Performance in many important respects fails to meet requirements.	RATING NO. 4	2 - Performance meets most requirements but is deficient in one or more important respects.	3 - Performance clearly meets basic requirements.	4 - Performance clearly exceeds basic requirements.	5 - Performance in every important respect is superior.	6 - Performance in every respect is outstanding.					
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4 - Performance clearly exceeds basic requirements.																	
5 - Performance in every important respect is superior.																	
6 - Performance in every respect is outstanding.																	
SECTION D DESCRIPTION OF THE EMPLOYEE																	
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee																	
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree									
CHARACTERISTICS						NOT APPLICABLE	NOT OBSERVED	RATING									
								1	2	3	4	5					
GETS THINGS DONE										X							
RESOURCEFUL										X							
ACCEPTS RESPONSIBILITIES											X						
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X							
DOES HIS JOB WITHOUT STRONG SUPPORT										X							
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X							
WRITES EFFECTIVELY							X										
SECURITY CONSCIOUS										X							
THINKS CLEARLY										X							
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X										
OTHER (Specify):																	
SEE SECTION "E" ON REVERSE SIDE																	

## SECRET

(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

## SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8	Subject on leave, will be shown to him later	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	
23/12/58	DC/TSS/PSD/CSC	
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
23 DECEMBER 1958	DC/TSS/PSD	

SECRET

14-00000

Fitness Reports and other  
Personnel Documents Dated Period  
prior His Assignment to Mexico City